Effective October 1, 2003 [10 769 5]													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			1.7		j		1	RATE FEE]	RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.00	OR	Basic Fee	770.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		· 7			XS 9≖	63	OR	X\$18=		
INDEPENDENT CLAIMS .			6 minus 3 =		- 3			X43=	129	OR	X86=		
ML	JUTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	1.	OR	+290=		
- 11	the difference	in column 1 is	less than z	ero. enter	-0" in 0)" in column 2		TOTAL	1770	OR	TOTAL		
4/20 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
AMENDMENT A	1.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	PER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.)	Minus	-2'	2	= /		XS 9=		OR	X\$18=		
	Independent	• 1	Minus	-6		<i>=</i> /		X43=		OR	X86≃		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>ا</u> ا	+145=		OR	+290=		
		•					L	TOTAL		OR	YOYAL ADDIT, FEE		
5	130/06	(Column 1)		(Colun	nn 2)	(Column 3)	•	NDDIT. FEE		•	AUDII, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• /	Minus	- á	7			XS 9=		OR	X\$18=		
	Incependent	• /	Minus	THE STATE OF THE S	6			X43≖		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEI	PENDENI	CLAIM		' [+145=		OR	+290=		
							L	YOTAL		OR	YOYAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			e .	ſ	X\$ 9=		OR	X\$15=		
	Independent	•	Minus	***			ŀ	X43=			X86=		
٩	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		-			OR			
								+145=		OR	+290=		
"If the entry in column 1 is less than the entry in column 2. Write 'U in column 3." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													
		mber Previously Paid ber Previously Paid					r toun	d in the ap	propriate box	in coh	umn 1.		

Application or Docket Number